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Application Number	10/714,530				
Filing Date	November 14, 2003				
First Named Inventor	James Hawkins				
Art Unit	3746				
Examiner Name					
Attorney Docket Number	F002-101				

A Power of Attorney is submitted herewith.  OR  I hereby appoint the practitioners associated with the Customer Number:  Please change the correspondence address for the above-identified application to:  The address associated with Customer Number:  OR  Firm or Individual Name  Address  City  State  Telephone  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature  Name  James Hawkins  Date  Telephone  Telephone  James Hawkins  Telephone  James Hawkins  Telephone  Telephone  James Hawkins  Telephone  James Hawkins	I hereby revoke all previous powers of attorney given in the above-identified application.							
Name   Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submill multiple forms if more than one signature is required, see below.								
The address associated with Customer Number:  OR  Firm or Individual Name Address  City State Zip  Country  Telephone Fax  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature Country  Name James Hawkins  Date 12.13.04  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.								
Customer Number:  OR  Firm or Individual Name  Address  City  Country  Telephone  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature  Name  James Hawkins  Date  12.13.44  Telephone  353-443-5344  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submill multiple forms if more than one signature is required, see below.								
Firm or Individual Name  Address  City State Zip  Country  Telephone Fax  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature Amakins  Date 12.13.14  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.								
Individual Name   Address	OR							
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Telephone Fax  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature  Name  James Hawkins  Date  12.13.14  Telephone  252-492-5344  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Address			÷				
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This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.